

RUTLAND STATE SANATORIUM

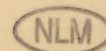
Name

2 (a)

Case No.

OCCUPATION

I.	Industry	Work done	How long
Present			
Previous			



Name and address of present or last employer

II. DESCRIPTION OF WORK DONE BY PATIENT, including

(a) Material handled

(b) Working hours

(c) General description of actual work. (It is not necessary to repeat in detail work done at well known processes such as cotton weaving or spinning, shoe lasting or other processes described in works on occupational hygiene but the actual process should be named and any unusual work done should be described as fully as possible)

III. WORKING CONDITIONS

Extreme heat cold moisture . Is it necessary to pass from one extreme of heat to another

Dust of what kind

Irritating fumes of acids or chemicals What kind

Exposure to poisonous metals or chemicals either as solids liquids or fumes

Physical strain due to

(a) Muscular effort at work (1) Local (2) General

(b) Strained position at work

(c) General nervous strain General physical

(d) Constant sitting

(e) Anything else such as speed of work, etc.

IV. Anything not enumerated bearing on the development of this case in *relation to occupation*